

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No.....

85

Township.....

Primary Registration District No.....

1001

City.....St. Joseph Mo.,.....

(No.....)

St. Joseph's Hospital

St.....

Ward.....

File No.....

Registered No.....

182

19

2. FULL NAME Sally Maxwell McDonald

(a) Residence, No.....

St.,.....

Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 8, 1917.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

14

5

28

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Student in School

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Joseph Mo.

MOTHER FATHER

13. NAME Dudley S. McDonald

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Andrew Co. Mo.

15. MAIDEN NAME Grace Maxwell

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Andrew Co. Mo.

17. INFORMANT Dudley S. McDonald

(ADDRESS)

Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Savannah Cem.

DATE

Jan. 8, 1932

19. UNDERTAKER H. O. Sidman

(ADDRESS)

1802 Buchanan St. Joseph

20. FILED

1-7-32

19

John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1932, to Jan. 6, 1932

I last saw him alive on Jan. 6, 1932

Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Exophthalmic Goiter

Date of onset

1929

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1944